

GEORGIA BUREAU OF INVESTIGATION
BINGO UNIT
P.O. BOX 370808
DECATUR, GA 30037-0808



STATE OF GEORGIA
APPLICATION FOR LICENSE TO OPERATE
NON-PROFIT BINGO GAMES

OFFICE USE ONLY			
	MO.	DAY	YEAR
ISSUED			
LIC. NO.			
LIC. FEE	\$100.00		

APPLICATION MUST BE TYPEWRITTEN		<input type="checkbox"/> NEW		<input type="checkbox"/> RENEWAL		PRESENT LIC.NO.	
NAME OF ORGANIZATION				BUSINESS PHONE NO./ FAX NO.			
STREET ADDRESS		CITY		STATE		COUNTY	
MAILING ADDRESS		CITY		STATE		ZIP CODE	
FEDERAL EMPLOYER IDENTIFICATION NO.		GEORGIA SALES TAX NO.		STATE WITHHOLDING NO.			
DOES APPLICANT HOLD ANY ALCOHOLIC BEVERAGE LICENSE				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes, give the licensee's name and license number as shown on license.							
NAME				LICENSE NO.			
DATE ORGANIZATION INCORPORATED OR FORMED Attach a copy of Instrument creating organization such as articles of incorporation, constitution, by-laws, etc.							
MONTH	DAY	YEAR					
DATE TAX EXEMPTION GRANTED BY IRS				DATE TAX EXEMPTION GRANTED BY DEPT. OF REVENUE			
Attach copy of determination letter from IRS.				Attach copy of determination letter from State Dept. of Revenue.			
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
LOCATION OF FACILITY WHERE BINGO GAMES WILL BE OPERATED							
NAME OF FACILITY				STREET ADDRESS			
CITY				STATE		ZIP CODE	
				TELEPHONE NUMBER / FAX NUMBER			
DOES APPLICANT OWN THIS FACILITY				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If not, complete the following.				NAME OF OWNER OF FACILITY			
STREET ADDRESS				CITY		STATE	
						ZIP	
TELEPHONE NUMBER		COUNTY FACILITY LOCATED IN					
Does owner of facility hold a state license to operate a non-profit bingo game?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
LICENSE NUMBER		ATTACH COPY OF CURRENT LEASE AGREEMENT FOR THE FACILITY					
Does owner of facility hold any alcoholic beverage license?				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
If yes, give license name and number as shown on license.				LICENSE NUMBER			
LIST FULL NAME & OTHER REQUIRED INFO. FOR EACH OFFICER & BOARD MEMBER OF ORGANIZATION							
NAME		POSITION HELD		DOB		HOME ADDRESS	
LIST THREE (3) INDIVIDUALS TO BE LISTED ON THE LICENSE WHO WILL BE RESPONSIBLE FOR THE OPERATION OF THE BINGO GAMES. ONE OF THE INDIVIDUALS MUST BE PRESENT AT ALL TIMES DURING THE OPERATION OF BINGO GAMES.							
NAME		POSITION HELD		DOB		HOME ADDRESS	
HAS THIS ORGANIZATION OR ANY OFFICER, BOARD MEMBER OR ANY OTHER PERSON INVOLVED IN THE OPERATION OF THE ORGANIZATION, EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL, STATE, COUNTY OR MUNICIPAL LAW?							
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE FULL DETAILS ON A SEPARATE PAGE.							

NOTE: If more space is needed, attach additional sheets

(OVER)